

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000077735

1. Entity Name

ROSARIO ENTERPRISES, INC.

**FILED**  
**Feb 20, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90042 025 \*\*\*150.00

Principal Place of Business

4410 W 16 AVE  
283  
HIALEAH FL 33012

Mailing Address

1929 WEST 60TH ST.  
HIALEAH FL 33012-7504

2. Principal Place of Business

3. Mailing Address

4410 W. 16 AV.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE. #2

City & State

City & State  
HIALEAH, FL. 33012

4. FEI Number

65-0612371

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERMINIA, ROSARIO  
4410 W 16 AVE SUITE #2  
HIALEAH FL 33012

Name  
HERMINIA ROSARIO

Street Address (P.O. Box Number is Not Acceptable)

4410 W. 16 AV. STE. #2

City HIALEAH

FL

Zip Code  
33012

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME ROSARIO, JOSE  
STREET ADDRESS 925 BRIAR RIDGE RD  
CITY-ST-ZIP WESTON FL 33327

TITLE D ☒ Change ☐ Addition  
NAME ROSARIO JOSE  
STREET ADDRESS 4410 W. 16 AV. STE. # 2  
CITY-ST-ZIP HIALEAH, FL. 33012

TITLE D ☐ Delete  
NAME GUERRO, JOSE  
STREET ADDRESS 925 BRIAR RIDGE RD  
CITY-ST-ZIP WESTON FL 33327

TITLE D ☒ Change ☐ Addition  
NAME GUERRERO JOSE  
STREET ADDRESS 4410 W. 16 AV. STE. #2  
CITY-ST-ZIP HIALEAH, FL. 33012

TITLE D ☐ Delete  
NAME HERMINIA, ROSARIO  
STREET ADDRESS 925 BRIAR RIDGE RD  
CITY-ST-ZIP WESTON FL 33327

TITLE D ☒ Change ☐ Addition  
NAME HERMINIA ROSARIO  
STREET ADDRESS 4410 W. 16 AV. STE. #2  
CITY-ST-ZIP HIALEAH, FL. 33012

TITLE D ☐ Delete  
NAME GISELLE, ROSARIO  
STREET ADDRESS 925 BRIAR RIDGE RD  
CITY-ST-ZIP WESTON FL 33327

TITLE D ☒ Change ☐ Addition  
NAME GISELLE ROSARIO  
STREET ADDRESS 4410 W. 16 AV. STE. # 2  
CITY-ST-ZIP HIALEAH, FL. 33012

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-14-00 (305) 828-8622

CR2E034 (9/99)